

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023265

STATE FILE NUMBER

FILED JUN 16 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5502

S. 300  
v. 1-57

3

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part I must be causally related.

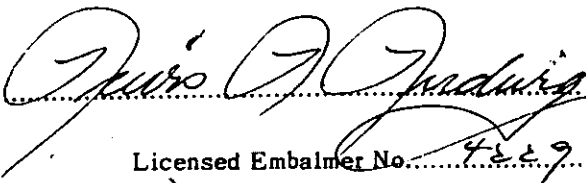
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                                                                                                                                             |                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY                                                                                                                                                                                                                                                                                                                                                                           |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE                                                           |                                                                                                                                                                           |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>                                                                                                                                                                                                                                                                                                                    |                                  | c. CITY OR TOWN <u>University City</u>                                                                                                                      |                                                                                                                                                                           |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Jewish Hosp. DOA</u>                                                                                                                                                                                                                                                                                                   |                                  | d. STREET ADDRESS (If outside, give location)<br><u>1073a Pennsylvania</u>                                                                                  |                                                                                                                                                                           |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>ZACHARIA</u> Middle <u>EINBUND</u> Last                                                                                                                                                                                                                                                                                                               |                                  | 4. DATE OF DEATH<br>Month <u>May</u> Day <u>26</u> Year <u>1958</u>                                                                                         |                                                                                                                                                                           |
| 5. SEX<br><u>Male</u>                                                                                                                                                                                                                                                                                                                                                                                    | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>January 1892</u>                                                                                                                                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Baker</u>                                                                                                                                                                                                                                                                                              |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Bakery</u>                                                                                                          | 11. BIRTHPLACE (City and state or country)<br><u>USSR</u>                                                                                                                 |
| 13a. FATHER'S NAME<br><u>Unk. Einbund</u>                                                                                                                                                                                                                                                                                                                                                                |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Unk.</u>                                                                                                                    |                                                                                                                                                                           |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no or unknown) (If yes, give war or dates of service)<br><u>No</u>                                                                                                                                                                                                                                                                                 |                                  | 16. SOCIAL SECURITY NO.<br><u>Unk.</u>                                                                                                                      |                                                                                                                                                                           |
| 17. INFORMANT<br>Address<br><u>Mrs. Jennie Cohen 1076 Pennsylvania</u>                                                                                                                                                                                                                                                                                                                                   |                                  | 14. NAME OF HUSBAND OR WIFE<br><u>Nettie</u>                                                                                                                |                                                                                                                                                                           |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u><br>DUE TO (b) <u>Generalized arteriosclerosis</u><br>DUE TO (c) <u>Diabetes mellitus</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>332x</u> |                                  |                                                                                                                                                             | INTERVAL BETWEEN ONSET AND DEATH<br><u>few hours</u><br><u>years</u><br>19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>                                                                                                                                                                                                                                                                                                |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)                                                                |                                                                                                                                                                           |
| 20c. TIME OF INJURY<br>Hour <u>9:30</u> a.m. Month <u>5</u> Day <u>26</u> Year <u>1958</u>                                                                                                                                                                                                                                                                                                               |                                  | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                           |                                                                                                                                                                           |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                                                                                                                                                                                                                                                                                                 |                                  | 20f. CITY, TOWN, OR LOCATION<br><u>University City, Mo.</u>                                                                                                 |                                                                                                                                                                           |
| 21. I attended the deceased from<br>Death occurred at <u>9:30 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                                                                  |                                  | 22. SIGNATURE (Degree or title)<br><u>Max J. Franklin M.D.</u>                                                                                              |                                                                                                                                                                           |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Rem.</u>                                                                                                                                                                                                                                                                                                                                                 |                                  | 23b. DATE<br><u>5/27/58</u>                                                                                                                                 |                                                                                                                                                                           |
| 23c. NAME OF CEMETERY OR CREMATORY<br><u>Chesed Shel Emeth</u>                                                                                                                                                                                                                                                                                                                                           |                                  | 23d. LOCATION (City, town, or county) (State)<br><u>University City, Mo.</u>                                                                                |                                                                                                                                                                           |
| 24. FUNERAL DIRECTOR<br><u>Berger Memoria 1 4715 McPherson</u>                                                                                                                                                                                                                                                                                                                                           |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>MAY 26 '58</u>                                                                                                           |                                                                                                                                                                           |
| 26. REGISTRAR'S SIGNATURE<br><u>Cal Smith</u>                                                                                                                                                                                                                                                                                                                                                            |                                  | 27. DATE SIGNED<br><u>5/26/58</u>                                                                                                                           |                                                                                                                                                                           |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed   
Licensed Embalmer No. 4829  
P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.